

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 48765
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 07292203-2022

Tax ID: 2159

Issued To: MICHAEL J KUBALA

Location: LOT 1 OF CSM #894 V.6 P.72 IN Section 19
2022R-593895

Township 44 N.

Range 09 W.

BARNES

Govt Lot 0

Lot

Block

Subdivision:

CSM# 894

For: Residential / Bedroom / 12L x 14W x 8H

Condition(s): Get UDC inspections as required. Meet and Maintain all setbacks including eaves and overhangs.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Tracy Pooler

Authorized Issuing Official

Wed Sep 07 2022

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 05242204-2022

Tax ID: 2272

Issued To: KATHLEEN L SENSKE

Location: SW SE IN V.994 P.77 746

Section 21

Township 44 N.

Range 09 W.

Barnes

Govt Lot 0

Lot 0

Block 0

Subdivision:

CSM#

For. Commercial / Principal Structure Addition/Alteration / 1L x 1W x 1H

Condition(s): Build as proposed activity limited to Red as indicated on page A2 of plans

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

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Tracy Pooler

Authorized Issuing Official

Wed Sep 07 2022

Date

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0245
Date:	9-9-22
Amount Paid:	75 9-2-22
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Shaun + Kate Waggoner		Mailing Address: 55730 Island Dr	
Address of Property: 55730 Island Dr		City/State/Zip: Solon Springs WI 54873	
Email: (print clearly) Shaun@thebreez.com		Telephone: 218 391-5481	
Contractor:		Contractor Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	
PROJECT LOCATION		Tax ID# 3905	
Legal Description: (Use Tax Statement)		Recorded Document: (Showing Ownership) 2015A 361195	
NE 1/4, 1/4		Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block # Subdivision: Potawatomi Estates	
Section 18, Township 45 N, Range 09 W		Town of: Barnes	
		Lot Size 16,422 Sq' Acreage .377	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage. If yes---continue →	Distance Structure is from Shoreline : 85 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 8,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> skids	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: 12'	Width: 20'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Shed/storage	(12 X 20)	240
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shaun + Kate Waggoner
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8/22/22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 8/22/22

Address to send permit: 55730 Island Dr Solon Springs WI 54873

Attach
Copy of Tax Statement

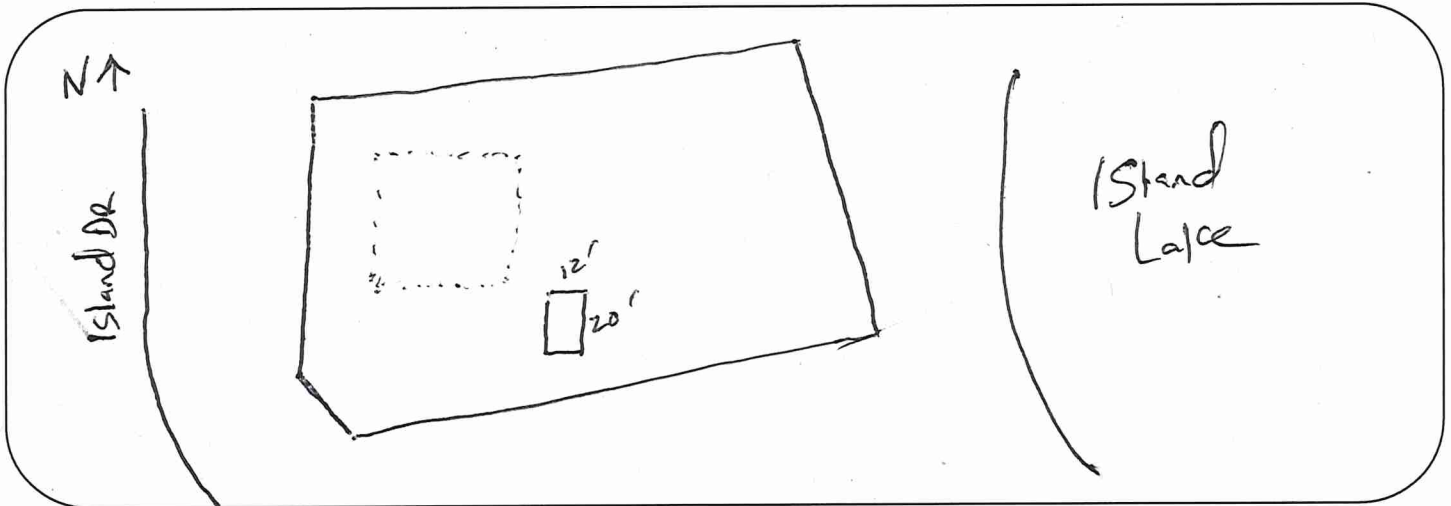
If you recently purchased the property send your Recorded Deed

Sent back - not signed off. question boundary line determination 9-9-22 Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	124 Feet	Setback from the Lake (ordinary high-water mark)	88 Feet
Setback from the Established Right-of-Way	96 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	58 Feet		
Setback from the South Lot Line	14 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	96 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	38 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

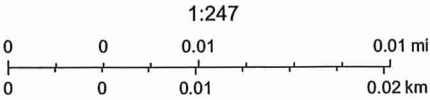
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0245		Permit Date: 9-9-22			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) 1968 <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:			
Was Parcel Legally Created Was Proposed Building Site Delineated		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (A-1) Lakes Classification (2)			
Date of Inspection: 8/30/22		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
Storage - Not for Human Habitation or sleeping If pre-approved the entire structure got septic permits					
Signature of Inspector: [Signature]				Date of Approval: 9/11/22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Bayfield County, WI



9/1/2022, 10:05:55 AM

- Wetlands
- Rivers
- Lakes
- Approximate Parcel Boundary
- Road Type
- Town
- Building Footprint 2015
- Building



Bayfield County Land Records Department

Andy

Andrew . head 2 bayfield county . WI . Gov

Bayfield County Impervious Surface Calculations

\$100

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): Shaun + Kate Waggoner				
Mailing Address: 55730 Island Dr Solon Springs WI 54873		Property Address 55730 Island Dr Solon Springs WI 54873		
Legal Description: NE 1/4, _____ 1/4,		Section, Township, Range Sec 18 Township 45 N, Range 09 W		
Authorized Agent/Contractor		Gov't Lot	Lot #	CSM#
Lot(s) # 2	Block(s) #	Subdivision Potawatomi Estates		Town of: Barnes
Parcel ID # (PIN #) 004-004-2-45-09-18-1		Tax ID # 00-260-2000 3905		Date: 8/9/22

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:


- Maintenance and repair of all impervious surfaces:
- Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface Item	Dimension	Area (Square Footage)
Existing House		
Existing Accessory Building/Garage		
Existing Sidewalk(s), Patio(s) & Deck(s)		
Existing Covered Porch(es), Driveway & Other Structures		
Proposed Addition/House		
Proposed Accessory Building/Garage	12 x 20 36 x 48	240 1728
Proposed Sidewalk(s) & Patio(s)		
Proposed Covered Porch(es) & Deck(s)	12 x 48	576
Proposed Driveway	irregular 12 x 48 + 20 x 30	576 600
Proposed Other Structures		
Total:		3480 3,720

- a. Total square footage of lot: 16,422
- b. Total impervious surface area: ~~3,720~~ 3480 ~~21.1990~~
- c. Percentage of impervious surface area: $100 \times (b)/a =$ ~~21.1990~~ 22.65

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% ~~6.1990~~ 7.65 @ 30%

Issuance Information (County Use Only)	Date of Inspection: <u>8/30/22</u>
Inspection Record:	Zoning District (<u>R-1</u>) Lakes Classification (<u>2</u>)
Condition(s):	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature of Inspector: <u></u>	Date of Approval: <u>9/1/22</u>

Description	Updated: 7/18/2022
Tax ID:	3905
PIN:	04-004-2-45-09-18-1 00-260-02000
Legacy PIN:	004130507000
Map ID:	
Municipality:	(004) TOWN OF BARNES
STR:	S18 T45N R09W
Description:	POTAWATOMI ESTATES A SUB-DIV PART OF LOT 2 IN V.1151 P.960 1469
Recorded Acres:	0.410
Calculated Acres:	0.377
Lottery Claims:	0
First Dollar:	No
Zoning:	(R-1) Residential-1
ESN:	104


Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
004	TOWN OF BARNES
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 9/28/2010
WARRANTY DEED	
Date Recorded: 11/12/2015	2015R-561195 1151-960
CONVERSION	
Date Recorded: 3/15/2006	484246 785-852+;791-732;865-657
WARRANTY DEED	
Date Recorded: 7/31/2003	2003R-484246 865-657

Ownership	Updated: 7/18/2022
SHAUN M & KATE E WAGGONER	SOLON SPRINGS WI

Billing Address:	Mailing Address:
SHAUN M & KATE E WAGGONER 55730 ISLAND DR SOLON SPRINGS WI 54873	SHAUN M & KATE E WAGGONER 55730 ISLAND DR SOLON SPRINGS WI 54873

Site Address	* indicates Private Road
N/A	


Property Assessment

Updated: 10/4/2016

2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.410	22,100	0
2-Year Comparison			
	2021	2022	Change
Land:	22,100	22,100	0.0%
Improved:	0	0	0.0%
Total:	22,100	22,100	0.0%

Property History
N/A

Town, City, Village, State or Federal
Permits May Also Be Required

Shoreland

LAND USE – X

SANITARY –

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. 22-0245 Issued To: Shaun & Kate Waggoner

Location: ¼ of ¼ Section 18 Township 45 N. Range 9 W. Town of Barnes

Part of

Gov't Lot

Lot 2

Block

Subdivision Potawatomi Estates a Sub-Div

In V. 1151 P. 960

Residential Structure in R-1 zoning district

For: Accessory: [1- Story w/Loft]; Shed/Storage (12' x 20') = 240 sq. ft.] Height of 12'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

September 9, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

AUG 23 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0244
Date:	9-9-22
Amount Paid:	165.00
Other:	Imp Surf 100
Refund:	

ENTERED
6-26
40

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Shawn & Kate Wagoner				Mailing Address: 55730 Island Dr				City/State/Zip: Solon Springs WI 54873				Telephone: 218 391-5481			
Address of Property: 55730 Island Dr				City/State/Zip: Solon Springs WI 54873								Cell Phone: 218 391-5481			
Email: (print clearly) shawn@thebreezearr.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 3905		Recorded Document: (Showing Ownership) 2015R 56195									
NE 1/4, 1/4		Gov't Lot		Lot(s) 151-900		CSM Vol & Page		CSM Doc #		Lot(s) # 2		Block #		Subdivision: Potawatomi Estates	
Section 18		Township 45		N, Range 09		W		Town of: Barnes		Lot Size 164225a'		Acreage 3.77			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: 124 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 55,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input checked="" type="checkbox"/> none
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
				<input checked="" type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length: 48'	Width: 48'	Height: 18'
Proposed Construction: (overall dimensions)	Length: 48'	Width: 48'	Height: 18'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) GARAGE	(36 X 48)	1728
	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (explain) covered patio	(12 X 48)	576
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn & Kate Wagoner (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8/9/22

Authorized Agent: (See Note below) (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8/9/22

Address to send permit 55730 Island Dr Solon Springs WI 54873

Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

question - boundary line determination 9-2-22 BACK AGAIN - 9-9-22 Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

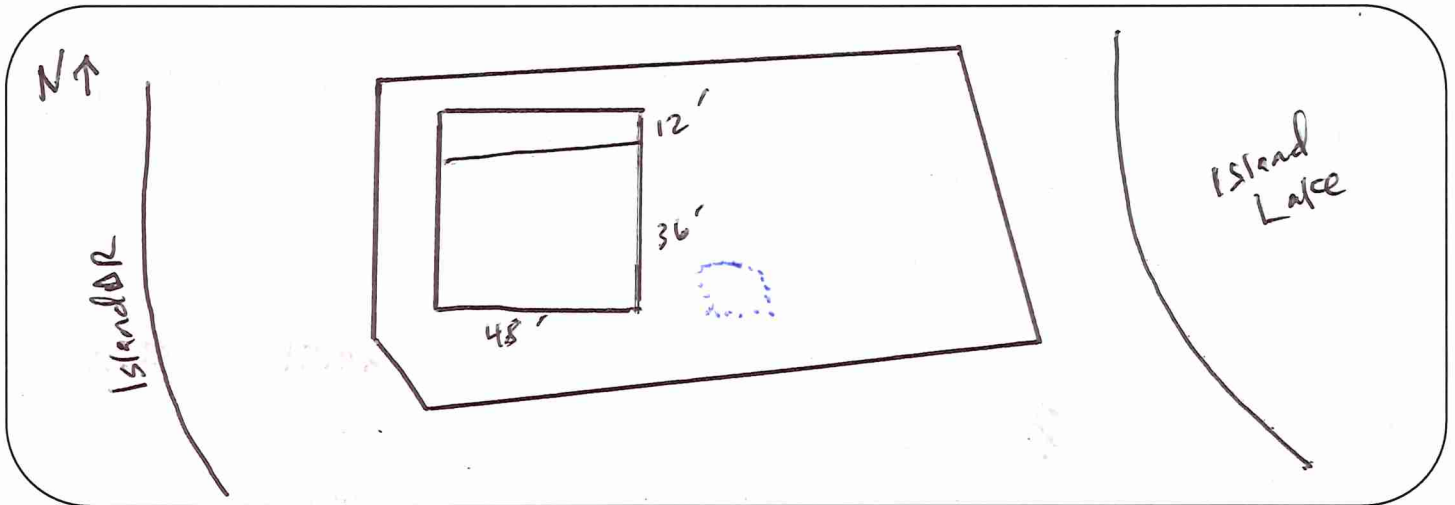
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	126 Feet
Setback from the Established Right-of-Way	32 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	12 Feet		
Setback from the South Lot Line	37 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	32 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	68 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

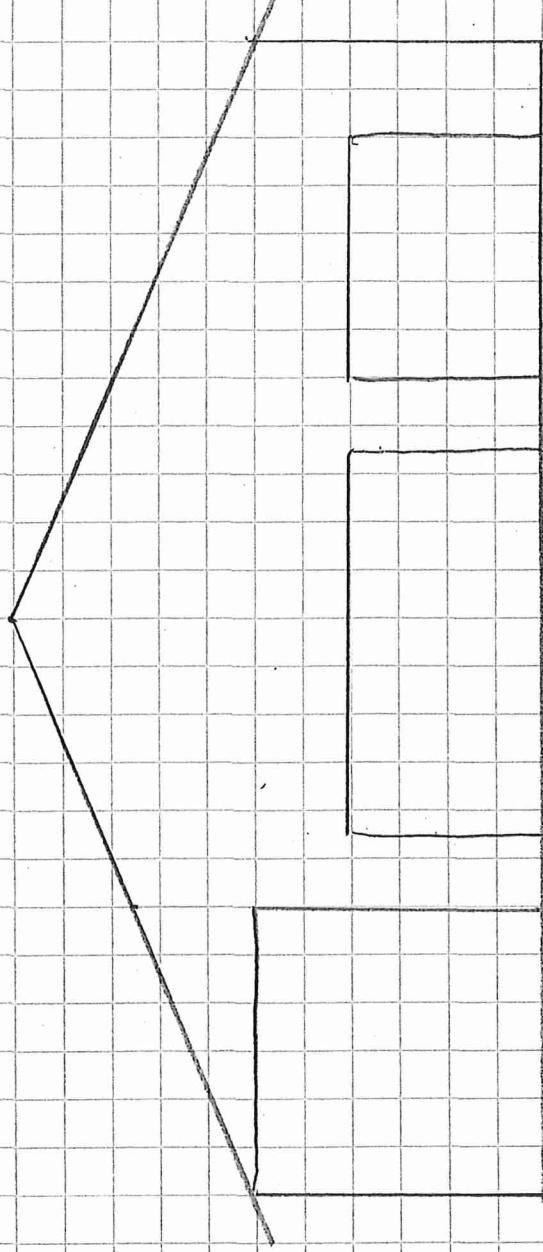
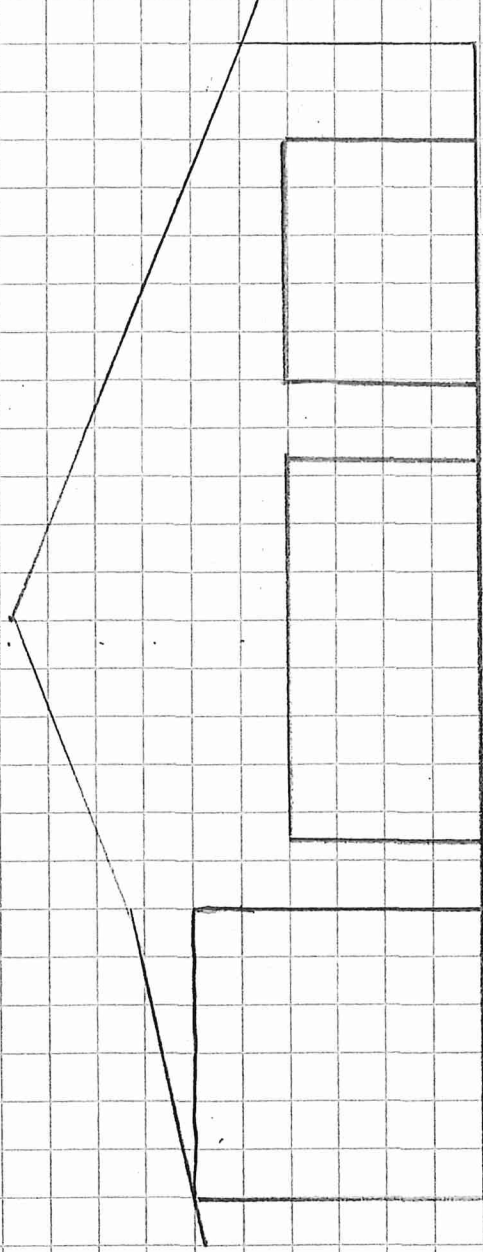
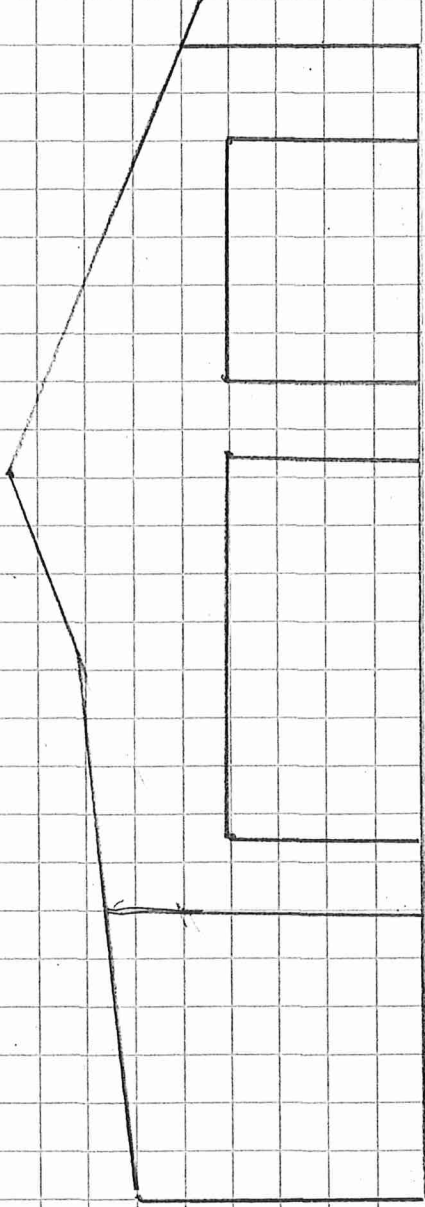
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

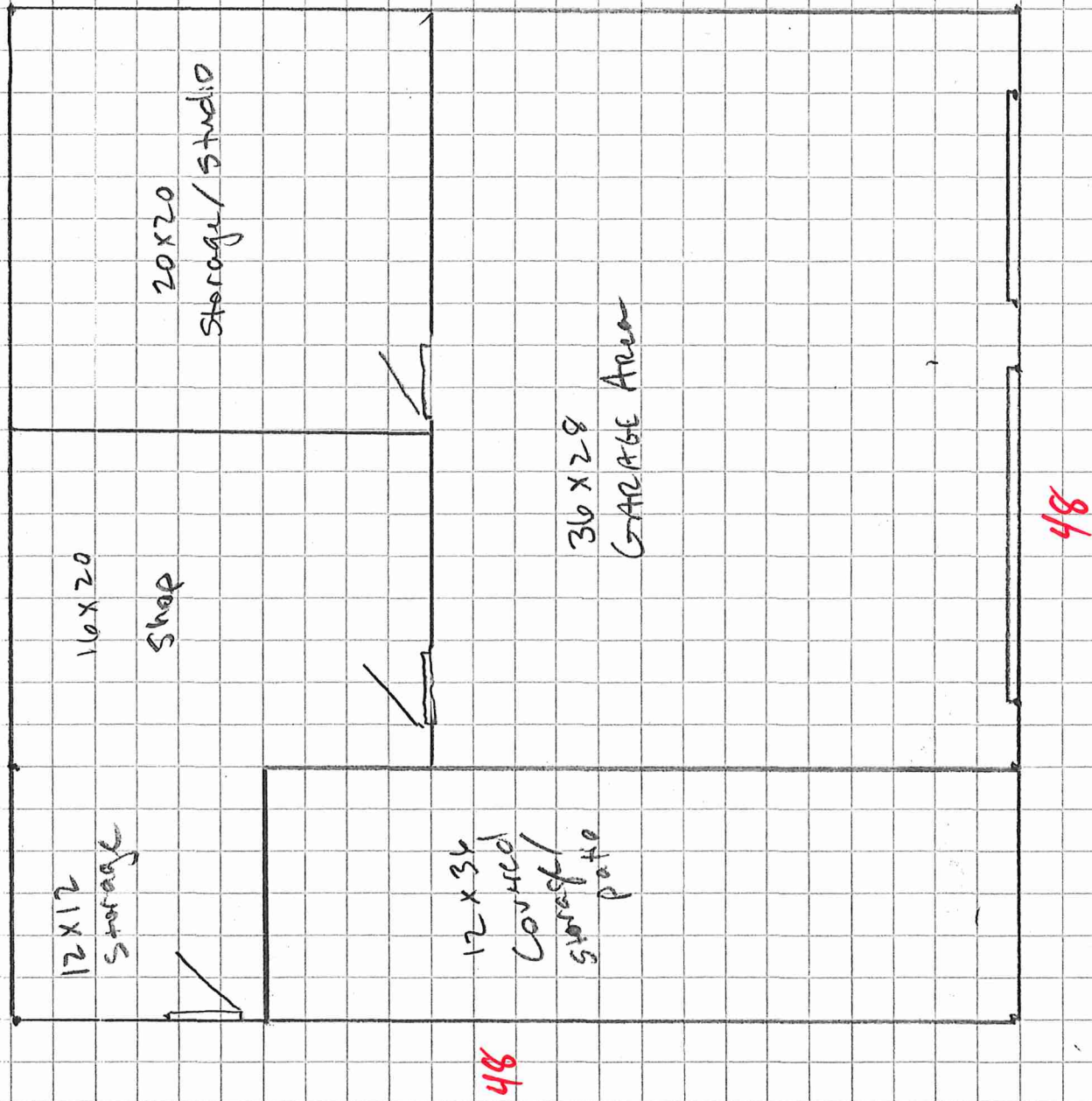
Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 22-6244		Permit Date: 9-9-22					
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record) 1968 lotation	<input type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District (R-1) Lakes Classification (2)					
Date of Inspection: 8/30/22		Inspected by: [Signature]				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) STORAGE - Not for Human habitation or sleeping If pressurized water enters structure get - septic permits							
Signature of Inspector: [Signature]						Date of Approval: 9/1/22	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

48' x 48' concrete slab
36 x 48 GARAGE
12 x 48 Covered storage / patio

Front View
Roof line / Truss system
SH11 to be determined



N
←

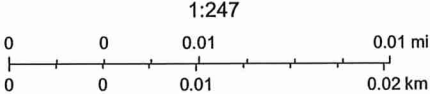


Bayfield County, WI



9/1/2022, 10:05:55 AM

- Wetlands
- Approximate Parcel Boundary
- Building Footprint 2015
- Rivers
- Road Type
- Lakes
- Town
- Building



Bayfield County Land Records Department

Andy Andrew . local Bayfield County . WI . Gov

Bayfield County
Impervious Surface Calculations

\$100

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): Shaun + Kate Waggoner				
Mailing Address: 55730 Island Dr Solon Springs WI 54873		Property Address 55730 Island Dr Solon Springs WI 54873		
Legal Description: NE 1/4, _____ 1/4,		Section, Township, Range Sec 18 Township 45 N, Range 09 W		
Authorized Agent/Contractor		Gov't Lot	Lot #	CSM# Vol & Page
Lot(s) # 2	Block(s) #	Subdivision Potawatomi Estates		Town of: Barnes
Parcel ID # (PIN #) 04- 004-2-45-09-18-1		Tax ID # 00-240-2000 3905		Date: 8/9/22

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- Maintenance and repair of all impervious surfaces:
- Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface Item	Dimension	Area (Square Footage)
Existing House		
Existing Accessory Building/Garage		
Existing Sidewalk(s), Patio(s) & Deck(s)		
Existing Covered Porch(es), Driveway & Other Structures		
Proposed Addition/House		
Proposed Accessory Building/Garage	12 x 20 36 x 48	240 1728
Proposed Sidewalk(s) & Patio(s)		
Proposed Covered Porch(es) & Deck(s)	12 x 48	576
Proposed Driveway	irregular 12 x 48 + 20 x 30	576 600
Proposed Other Structures		
Total:		3480 3,720

- a. Total square footage of lot: 16,422
- b. Total impervious surface area: 3,720 ~~3480~~ 21.19%
- c. Percentage of impervious surface area: $100 \times (b)/a =$ 21.19% 22.65

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% 7.65 ~~6.19%~~ @ 30% _____

Issuance Information (County Use Only)	Date of Inspection: <u>8/30/22</u>
Inspection Record:	Zoning District (<u>R-1</u>) Lakes Classification (<u>2</u>)
Condition(s):	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>9/1/22</u>

Pay **2nd** Installment Of:

106.92

by July 31, 2022

Amount enclosed:

SHAUN M & KATE E WAGGONER

Tax ID: 3905 (004)

Make payment payable and mail to:

BAYFIELD COUNTY TREASURER

JENNA GALLIGAN

PO BOX 397

WASHBURN WI 54891

Include this stub with your payment

Description	Updated: 7/18/2022
Tax ID:	3905
PIN:	04-004-2-45-09-18-1 00-260-02000
Legacy PIN:	004130507000
Map ID:	
Municipality:	(004) TOWN OF BARNES
STR:	S18 T45N R09W
Description:	POTAWATOMI ESTATES A SUB-DIV PART OF LOT 2 IN V.1151 P.960 1469
Recorded Acres:	0.410
Calculated Acres:	0.377
Lottery Claims:	0
First Dollar:	No
Zoning:	(R-1) Residential-1
ESN:	104

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
004	TOWN OF BARNES
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 9/28/2010
WARRANTY DEED	
Date Recorded: 11/12/2015	2015R-561195 1151-960
CONVERSION	
Date Recorded: 3/15/2006	484246 785-852+;791-732;865-657
WARRANTY DEED	
Date Recorded: 7/31/2003	2003R-484246 865-657

Ownership	Updated: 7/18/2022
SHAUN M & KATE E WAGGONER	SOLON SPRINGS WI

Billing Address:	Mailing Address:
SHAUN M & KATE E WAGGONER 55730 ISLAND DR SOLON SPRINGS WI 54873	SHAUN M & KATE E WAGGONER 55730 ISLAND DR SOLON SPRINGS WI 54873

Site Address	* indicates Private Road
N/A	

Property Assessment		Updated: 10/4/2016	
2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.410	22,100	0
2-Year Comparison			
	2021	2022	Change
Land:	22,100	22,100	0.0%
Improved:	0	0	0.0%
Total:	22,100	22,100	0.0%

Property History
N/A

Town, City, Village, State or Federal
Permits May Also Be Required

Shoreland

LAND USE – X

SANITARY –

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0244** Issued To: **Shaun & Kate Waggoner**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Part of

Gov't Lot

Lot

2

Block

Subdivision

Potawatomi Estates a Sub-Div

In V. 1151 P. 960

Residential Structure in R-1 zoning district

For: Accessory: [1- Story w/Loft]; Garage (48' x 36'); Covered Patio (48' x 12') = 2,304 sq. ft.] Height of 18'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must meet and maintain setbacks including eaves and overhangs. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

September 9, 2022

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 06082202-2022

Tax ID: 34134

Issued To: ERIC M & CHRISTINA J FURSETH

Location: LOTS 1 & 2 CSM #547 V.4 P.94 Section 03
(LOCATED IN GOVT LOT 1 SEC 4 & GOVT
LOT 4 SEC 3) IN V.634 P.135 & PAR IN
V.704 P.281 & PAR IN GOVT LOT 4 SEC
9/44/09 IN V.745 P.138 LESS V.817 P.572
IN V.1053 P.114

Township 44 N.

Range 09 W.

BARNES

Govt Lot 0	Lot	Block	Subdivision:	CSM# 547
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For: Residential / Detached Garage / 44L x 28W x 32H, Porch: 4L x 4W x32H, Deck: 12L x 10W x32H

Condition(s): Not to be used for human habitation or sleeping purposes. No water under pressure or plumbing fixtures unless said structure is permitted to be connected to a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are

Tracy Pooler

Authorized Issuing Official

Tue Sep 06 2022

Date

(Disclaimer): Any future expansions or development requires additional permitting

not completed or if any conditions are violated.